K072558

510(k) Summary Date: 09/07/2007

1. Submitter Name and Address

CardioNet, Inc.
1010 2nd Avenue, Suite 700
San Diego, CA 92101

DEC 05 2007

2. Contact Person

Jack Gaikwad
Tel # 714-713-9011

3. Name of Device

Trade/Proprietary Name:	Model CN1005 - CardioNet ECG Monitor with Arrhythmia Detection
Common/Usual Name:	Arrhythmia detector and alarm
Classification Name:	CFR §870.1025 Product code DSI 'Arrhythmia Detector and Alarm'
Class:	Class II, Special Controls

4. Predicate Device/s

The predicate devices selected are as follows:

1. **CardioNet Ambulatory ECG Monitor,** cleared by FDA under 510(k) number K063222; 870.1025 DSI "Arrhythmia Detector and Alarm"
2. **CardioNet Ambulatory ECG Monitor,** cleared by FDA under 510(k) number K012241; 870.1025 DSI "Arrhythmia Detector and Alarm"

5. Device Description

The CardioNet ECG Monitor with Arrhythmia Detection Model CN1005 is an ambulatory ECG monitor with capability to detect cardiac arrhythmias and transmit ECG data to a CardioNet staffed monitoring center.

The subject device is comprised of three (3) main components: 1) a patient-worn Sensor, 2) a Monitor and 3) a charging Base.

A Sensor acquires the ECG signal from the patient's body and transmits the signal to PDA sized monitor where the data is stored and analyzed by an automated arrhythmia analysis algorithm residing in the Monitor. When events are detected by the analysis algorithm or when indicated by the patient pressing the event key on the Monitor, the Monitor will transmit the data to the Monitoring Center. Data can be uploaded to the Monitoring Center in a variety of ways - Transmitted via Cellular RF modem or via RF to the Base for transmission via the patient's landline telephone.

The data is received and reviewed by trained technicians using the Monitoring Services Application.

6. Indications for Use and Contraindications

The indications for use for the subject device are as follows:

1. Patients who have a demonstrated need for cardiac monitoring. These may include but are not limited to patients who require monitoring for: a) non-life threatening arrhythmias such as supraventricular tachycardias (e.g. atrial fibrillation, atrial flutter, PACs, PSVT) and ventricular ectopy; b) evaluation of bradyarrhythmias and intermittent bundle branch block, including after cardiovascular surgery and myocardial infarction; and c) arrhythmias associated with co-morbid conditions such as hyperthyroidism or chronic lung disease

2. Patients with symptoms that may be due to cardiac arrhythmias. These may include but are not limited to symptoms such as: a) dizziness or lightheadedness; b) syncope of unknown etiology in which arrhythmias are suspected or need to be excluded; and c) dyspnea (shortness of breath).

3. Patients with palpitations with or without known arrhythmias to obtain correlation of rhythm with symptoms.

4. Patients who require monitoring of effect of drugs to control ventricular rate in various atrial arrhythmias (e.g. atrial fibrillation).

5. Patients recovering from cardiac surgery who are indicated for outpatient arrhythmia monitoring.

6. Patients with diagnosed sleep disordered breathing including sleep apnea (obstructive, central) to evaluate possible nocturnal arrhythmias

7. Patients requiring arrhythmia evaluation of etiology of stroke or transient cerebral ischemia, possibly secondary to atrial fibrillation or atrial flutter

8. Data from the device may be used by another device to analyze, measure or report QT interval. The device is not intended to sound any alarms for QT interval changes.

Contraindications:

1. Patients with potentially life-threatening arrhythmias who require inpatient monitoring.

2. Patients who the attending physician thinks should be hospitalized.

7. Technological comparison to predicate devices

The primary technological difference between the subject device and the predicate device (K063222) is that the subject device uses an arrhythmia analysis algorithm licensed from Mortara Instrument while the predicate device uses a proprietary arrhythmia analysis algorithm developed by CardioNet.

The primary difference between the subject device and predicate device (K012241) is slight differences in Indications for use statements. The subject device and predicate device have identical technological characteristics.

8. Summary of Performance Testing

The CardioNet ECG Monitor with Arrhythmia Detection Model CN1005 meets the requirements of following performance standards in accordance with FDA Class II Special Controls Guidance Document: Arrhythmia Detector and Alarm.

- ANSI/AAMI EC 38:1998 – Ambulatory Electrocardiographs
- ANSI/AAMI EC 57:1998 – Testing and Reporting Performance Results of Cardiac Rhythm and ST Segment Measurement Algorithms
- International Electrotechnical Commission (IEC) 60601-1 Medical Electrical Equipment - Part 1: General Requirements for Safety

9. Substantial Equivalence Conclusion

CardioNet ECG Monitor with Arrhythmia Detection, Model CN1005 is safe, effective, and substantially equivalent to the predicate devices as supported by the descriptive information and the performance testing.

CardioNet, Inc
1010 2nd Avenue, Suite 700
San Diego, CA 92101
(619) 243-7500

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

DEC 0 5 2007

CardioNet, Inc.
c/o Mr. Jack Gaitwad
1010 2nd Avenue, Suite 700
San Diego, CA 92101

Re: K072558
Trade/Device Name: CardioNet Ambulatory ECG Monitor with Arrhythmia Detection
CN1005
Regulation Number: 21 CFR 870.1025
Regulation Name: Arrhythmia Detector and Alarm
Regulatory Class: Class II (two)
Product Code: DSI, MLO
Dated: August 31, 2007
Received: September 11, 2007

Dear Mr. Gaitwad:

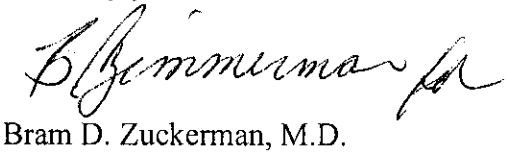
We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.
This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding postmarket surveillance, please contact CDRH's Office of Surveillance and Biometric's (OSB's) Division of Postmarket Surveillance at 240-276-3474. For questions regarding the reporting of device adverse events (Medical Device Reporting (MDR)), please contact the Division of Surveillance Systems at 240-276-3464. You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address http://www.fda.gov/cdrh/industry/support/index.html.

Sincerely yours,



Bram D. Zuckerman, M.D.
Director
Division of Cardiovascular Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K072558

Device Name: CardioNet Ambulatory ECG Monitor with Arrhythmia Detection

Indications for Use:

The CardioNet Ambulatory ECG Monitor with Arrhythmia Detection intended use is for:

1. Patients who have a demonstrated need for cardiac monitoring. These may include but are not limited to patients who require monitoring for: a) non-life threatening arrhythmias such as supraventricular tachycardias (e.g. atrial fibrillation, atrial flutter, PACs, PSVT) and ventricular ectopy; b) evaluation of bradyarrhythmias and intermittent bundle branch block, including after cardiovascular surgery and myocardial infarction; and c) arrhythmias associated with co-morbid conditions such as hyperthyroidism or chronic lung disease.

2. Patients with symptoms that may be due to cardiac arrhythmias. These may include but are not limited to symptoms such as: a) dizziness or lightheadedness; b) syncope of unknown etiology in which arrhythmias are suspected or need to be excluded; and c) dyspnea (shortness of breath).

3. Patients with palpitations with or without known arrhythmias to obtain correlation of rhythm with symptoms.

Prescription Use ✓ AND/OR Over-The-Counter Use _____
(Part 21 CFR 801 Subpart D) (21 CFR 801 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH, Office of Device Evaluation (ODE)

(Division Sign-Off)
Division of Cardiovascular Devices
510(k) Number K072558

4. Patients who require monitoring of effect of drugs to control ventricular rate in various atrial arrhythmias (e.g. atrial fibrillation).

5. Patients recovering from cardiac surgery who are indicated for outpatient arrhythmia monitoring.

6. Patients with diagnosed sleep disordered breathing including sleep apnea (obstructive, central) to evaluate possible nocturnal arrhythmias

7. Patients requiring arrhythmia evaluation of etiology of stroke or transient cerebral ischemia, possibly secondary to atrial fibrillation or atrial flutter

8. Data from the device may be used by another device to analyze, measure or report QT interval. The device is not intended to sound any alarms for QT interval changes

Contraindications:

1. Patients with potentially life-threatening arrhythmias who require inpatient monitoring.

2. Patients who the attending physician thinks should be hospitalized.